

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FEE USE WITH FORM PTO-875)

SERIAL NO.

10/031753

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6	1					
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47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2		2			
TOTAL DEP.	13		8			
TOTAL CLAIMS	15		10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY